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CONFIRMATION NO. 7314

<b>SERIAL NUMBER</b> 10/067,141	<b>FILING OR 371(c) DATE</b> 02/04/2002 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 50142US010
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## APPLICANTS

Joyce B. Palazzotto, St. Paul, MN;  
 Harold R. Carpenter, Cottage Grove, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

ATD

This application is a CON of 08/940,266 09/29/1997 PAT 6,382,206 which is a CON of 08/494,305 06/23/1995 ABN  
 which is a CON of 08/130,299 10/01/1993 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none ATD

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]				

## ADDRESS

32692

## TITLE

Speech transmission adaptor for use with a respirator mask

<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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